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S. 2765

To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2006

Mr. DODD (for himself and Mr. SMITH) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Child Health Invest-
5 ment for Long-term Development (CHILD and Newborn)
6 Act of 2006”.

7 **SEC. 2. FINDINGS AND PURPOSES.**

8 (a) FINDINGS.—Congress finds the following:

9 (1) Around the world, approximately 10.8 mil-
10 lion children under the age of five die each year,

1 more than 30,000 per day, almost all in the devel-
2 oping world.

3 (2) Each year in the developing world, four mil-
4 lion newborns die in their first four weeks of life.

5 (3) Sub-Saharan Africa, with only 10 percent of
6 the world's population, accounts for 43 percent of all
7 deaths among children under the age of five.

8 (4) Countries such as Afghanistan, Angola and
9 Niger experience extreme levels of child mortality,
10 with 25 percent of children dying before their fifth
11 birthday.

12 (5) For children under the age of five in the de-
13 veloping world, preventable or treatable diseases,
14 such as measles, tetanus, diarrhea, pneumonia, and
15 malaria, are the most common causes of death.

16 (6) Throughout the developing world, the lack
17 of basic health services, clean water, adequate sani-
18 tation, and proper nutrition contribute significantly
19 to child mortality.

20 (7) Hunger and malnutrition contribute to over
21 five million child deaths annually.

22 (8) The lack of low-cost antibiotics and anti-
23 malarial drugs contribute to three million child
24 deaths each year.

1 (9) Lack of access to health services results in
2 30 million children under the age of one year going
3 without necessary immunizations.

4 (10) Every year an estimated 250,000 to
5 500,000 vitamin A-deficient children become blind,
6 with one-half of such children dying within 12
7 months of losing their sight.

8 (11) Iron deficiency, affecting over 30 percent
9 of the world's population, causes premature birth,
10 low birth weight, and infections, elevating the risk of
11 death in children.

12 (12) Two-thirds of deaths of children under five
13 years of age, or 7.1 million children, including three
14 million newborn deaths, could be prevented by low-
15 cost, low-tech health and nutritional interventions.

16 (13) Exclusive breastfeeding—giving only
17 breast milk for the first six months of life—could
18 prevent an estimated 1.3 million newborn and infant
19 deaths each year, primarily by protecting against di-
20 arrhea and pneumonia.

21 (14) An additional two million lives could be
22 saved annually by providing oral-rehydration therapy
23 prepared with clean water.

24 (15) During the 1990s, successful immuniza-
25 tion programs reduced polio by 99 percent, tetanus

1 deaths by 50 percent, and measles cases by 40 per-
2 cent.

3 (16) Between 1998 and 2000, distribution of
4 low-cost vitamin A supplements saved an estimated
5 one million lives.

6 (17) Expansion of clinical care of newborns and
7 mothers, such as clean delivery by skilled attendants,
8 emergency obstetric care, and neonatal resuscitation,
9 can avert 50 percent of newborn deaths.

10 (18) Keeping mothers healthy is essential for
11 child survival because illness, complications, or ma-
12 ternal death during or following pregnancy increases
13 the risk for death in newborns and infants.

14 (19) Each year more than 525,000 women die
15 from causes related to pregnancy and childbirth,
16 with 99 percent of these deaths occurring in devel-
17 oping countries.

18 (20) The lifetime risk of an African woman
19 dying from a complication related to pregnancy or
20 childbirth is 1 in 16, while the same risk for a
21 woman in a developed country is 1 in 2,800.

22 (21) Risk factors for maternal death in devel-
23 oping countries include early pregnancy and child-
24 birth, closely spaced births, infectious diseases, mal-
25 nutrition, and complications during childbirth.

1 (22) Birth spacing, access to preventive care,
2 skilled birth attendants, and emergency obstetric
3 care can help reduce maternal mortality.

4 (23) The role of the United States in promoting
5 child survival and maternal health over the past
6 three decades has resulted in millions of lives being
7 saved around the world.

8 (24) In 2000, the United States joined 188
9 other countries in supporting eight Millennium De-
10 velopment Goals designed to achieve “a more peace-
11 ful, prosperous and just world”.

12 (25) Two of the Millennium Development Goals
13 call for a reduction in the mortality rate of children
14 under the age of five by two-thirds and a reduction
15 in maternal deaths by three-quarters by 2015.

16 (26) On September 14, 2005, President George
17 W. Bush stated before the leaders of the world: “To
18 spread a vision of hope, the United States is deter-
19 mined to help nations that are struggling with pov-
20 erty. We are committed to the Millennium Develop-
21 ment Goals.”.

22 (b) PURPOSES.—The purposes of this Act are to—

23 (1) authorize assistance to improve the health
24 of newborns, children, and mothers in developing

1 countries, including by strengthening the capacity of
 2 health systems and health workers;

3 (2) develop and implement a strategy to im-
 4 prove the health of newborns, children, and mothers,
 5 including reducing child and maternal mortality, in
 6 developing countries;

7 (3) to establish a task force to assess, monitor,
 8 and evaluate the progress and contributions of rel-
 9 evant departments and agencies of the Government
 10 of the United States in achieving the United Nations
 11 Millennium Development Goals by 2015 for reducing
 12 the mortality of children under the age of five by
 13 two-thirds and reducing maternal mortality by three-
 14 quarters in developing countries.

15 **SEC. 3. ASSISTANCE TO IMPROVE THE HEALTH OF**
 16 **NEWBORNS, CHILDREN, AND MOTHERS IN**
 17 **DEVELOPING COUNTRIES.**

18 (a) IN GENERAL.—Chapter 1 of part I of the Foreign
 19 Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
 20 ed—

21 (1) in section 104(c)—

22 (A) by striking paragraphs (2) and (3);
 23 and

24 (B) by redesignating paragraph (4) as
 25 paragraph (2);

1 (2) by redesignating sections 104A, 104B, and
2 104C as sections 104B, 104C, and 104D, respec-
3 tively; and

4 (3) by inserting after section 104 the following
5 new section:

6 **“SEC. 104A. ASSISTANCE TO IMPROVE THE HEALTH OF**
7 **NEWBORNS, CHILDREN, AND MOTHERS.**

8 “(a) AUTHORIZATION.—Consistent with section
9 104(c), the President is authorized to furnish assistance,
10 on such terms and conditions as the President may deter-
11 mine, to improve the health of newborns, children, and
12 mothers in developing countries.

13 “(b) ACTIVITIES SUPPORTED.—Assistance provided
14 under subsection (b) shall, to the maximum extent prac-
15 ticable, be used to carry out the following activities:

16 “(1) Activities to strengthen the capacity of
17 health systems in developing countries, including
18 training for clinicians, nurses, technicians, sanitation
19 and public health workers, community-based health
20 workers, midwives and birth attendants, peer edu-
21 cators, and private sector enterprises.

22 “(2) Activities to provide health care access to
23 underserved and marginalized populations.

24 “(3) Activities to ensure the supply, logistical
25 support, and distribution of essential drugs, vac-

1 cines, commodities, and equipment to regional, dis-
2 trict, and local levels.

3 “(4) Activities to educate underserved and
4 marginalized populations to seek health care when
5 appropriate, including clinical and community-based
6 activities.

7 “(5) Activities to integrate and coordinate as-
8 sistance provided under this section with existing
9 health programs for—

10 “(A) the prevention of the transmission of
11 HIV from mother-to-child and other HIV/AIDS
12 counseling, care, and treatment activities;

13 “(B) malaria;

14 “(C) tuberculosis; and

15 “(D) child spacing.

16 “(6) Activities to expand access to safe water
17 and sanitation.

18 “(7) Activities to expand the use of and tech-
19 nical support for appropriate technology to reduce
20 acute respiratory infection from firewood smoke in-
21 halation.

22 “(c) GUIDELINES.—To the maximum extent prac-
23 ticable, programs, projects, and activities carried out using
24 assistance provided under this section shall be—

1 “(1) carried out through private and voluntary
2 organizations, as well as faith-based organizations,
3 giving priority to organizations that demonstrate ef-
4 fectiveness and commitment to improving the health
5 of newborns, children, and mothers;

6 “(2) carried out with input by host countries,
7 including civil society and local communities, as well
8 as other donors and multilateral organizations;

9 “(3) carried out with input by beneficiaries and
10 other directly affected populations, especially women
11 and marginalized communities; and

12 “(4) designed to build the capacity of host
13 country governments and civil society organizations.

14 “(d) ANNUAL REPORT.—Not later than January 31
15 of each year, the President shall transmit to Congress a
16 report on the implementation of this section for the prior
17 fiscal year.

18 “(e) DEFINITIONS.—In this section:

19 “(1) AIDS.—The term ‘AIDS’ has the meaning
20 given the term in section 104B(g)(1) of this Act.

21 “(2) HIV.—The term ‘HIV’ has the meaning
22 given the term in section 104B(g)(2) of this Act.

23 “(3) HIV/AIDS.—The term ‘HIV/AIDS’ has
24 the meaning given the term in section 104B(g)(3) of
25 this Act.”.

1 (b) CONFORMING AMENDMENTS.—The Foreign As-
 2 sistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
 3 ed—

4 (1) in section 104(c)(2) (as redesignated by
 5 subsection (a)(1)(B) of this section), by striking
 6 “and 104C” and inserting “104C, and 104D”;

7 (2) in section 104B (as redesignated by sub-
 8 section (a)(2) of this section)—

9 (A) in subsection (c)(1), by inserting “and
 10 section 104A” after “section 104(c)”;

11 (B) in subsection (e)(2), by striking “sec-
 12 tion 104B, and section 104C” and inserting
 13 “section 104C, and section 104D”; and

14 (C) in subsection (f), by striking “section
 15 104(c), this section, section 104B, and section
 16 104C” and inserting “section 104(c), section
 17 104A, this section, section 104C, and section
 18 104D”;

19 (3) in subsection (c) of section 104C (as red-
 20 igned by subsection (a)(2) of this section), by in-
 21 serting “and section 104A” after “section 104(c)”;

22 (4) in subsection (c) of section 104D (as red-
 23 igned by subsection (a)(2) of this section), by in-
 24 serting “and section 104A” after “section 104(c)”;
 25 and

1 (5) in the first sentence of section 119(c), by
 2 striking “section 104(c)(2), relating to Child Sur-
 3 vival Fund” and inserting “section 104A”.

4 **SEC. 4. DEVELOPMENT OF STRATEGY TO IMPROVE THE**
 5 **HEALTH OF NEWBORNS, CHILDREN, AND**
 6 **MOTHERS IN DEVELOPING COUNTRIES.**

7 (a) DEVELOPMENT OF STRATEGY.—The President
 8 shall develop a comprehensive strategy to improve the
 9 health of newborns, children, and mothers, including re-
 10 ducing newborn, child, and maternal mortality, in devel-
 11 oping countries.

12 (b) COMPONENTS.—The strategy developed pursuant
 13 to subsection (a) shall include the following:

14 (1) Programmatic areas and interventions pro-
 15 viding maximum health benefits to populations at
 16 risk as well as maximum reduction in mortality, in-
 17 cluding—

18 (A) costs and benefits of programs and
 19 interventions; and

20 (B) investments needed in identified pro-
 21 grams and interventions to achieve the greatest
 22 results.

23 (2) An identification of countries with priority
 24 needs for the five-year period beginning on the date
 25 of the enactment of this Act based on—

- 1 (A) the neonatal mortality rate;
- 2 (B) the mortality rate of children under
- 3 the age of five;
- 4 (C) the maternal mortality rate;
- 5 (D) the percentage of women and children
- 6 with limited or no access to basic health care;
- 7 and
- 8 (E) additional criteria for evaluation such
- 9 as—
- 10 (i) the percentage of one-year old chil-
- 11 dren who are fully immunized;
- 12 (ii) the percentage of children under
- 13 the age of five who sleep under insecticide-
- 14 treated bed nets;
- 15 (iii) the percentage of children under
- 16 the age of five with fever treated with anti-
- 17 malarial drugs;
- 18 (iv) the percentage of children under
- 19 the age of five who are covered by vitamin
- 20 A supplementation;
- 21 (v) the percentage of children under
- 22 the age of five with diarrhea who are re-
- 23 ceiving oral-rehydration therapy and con-
- 24 tinued feeding;

1 (vi) the percentage of children under
 2 the age of five with pneumonia who are re-
 3 ceiving appropriate care;

4 (vii) the percentage of the population
 5 with access to improved sanitation facili-
 6 ties;

7 (viii) the percentage of the population
 8 with access to safe drinking water;

9 (ix) the percentage of children under
 10 the age of five who are underweight for
 11 their age;

12 (x) the percentage of births attended
 13 by skilled health care personnel;

14 (xi) the percentage of women with ac-
 15 cess to emergency obstetric care;

16 (xii) the potential for implementing
 17 newborn, child, and maternal health inter-
 18 ventions at scale; and

19 (xiii) the demonstrated commitment of
 20 countries to newborn, child, and maternal
 21 health.

22 (3) A description of how United States assist-
 23 ance complements and leverages efforts by other do-
 24 nors, as well as builds capacity and self-sufficiency
 25 among recipient countries.

1 (4) An expansion of the Child Survival and
2 Health Grants Program of the United States Agency
3 for International Development to provide additional
4 support programs and interventions determined to
5 be efficacious and cost-effective in improving health
6 and reducing mortality.

7 (5) Enhanced coordination among relevant de-
8 partments and agencies of the Government of the
9 United States engaged in activities to improve the
10 health of newborns, children, and mothers in devel-
11 oping countries.

12 (c) REPORT.—Not later than 180 days after the date
13 of the enactment of this Act, the President shall transmit
14 to Congress a report that contains the strategy described
15 in this section.

16 **SEC. 5. INTERAGENCY TASK FORCE ON CHILD SURVIVAL**
17 **AND MATERNAL HEALTH IN DEVELOPING**
18 **COUNTRIES.**

19 (a) ESTABLISHMENT.—There is established a task
20 force to be known as the Interagency Task Force on Child
21 Survival and Maternal Health in Developing Countries (in
22 this section referred to as the “Task Force”).

23 (b) DUTIES.—

24 (1) IN GENERAL.—The Task Force shall assess,
25 monitor, and evaluate the progress and contributions

1 of relevant departments and agencies of the Govern-
2 ment of the United States in achieving the Millen-
3 nium Development Goals by 2015 for reducing the
4 mortality of children under the age of five by two-
5 thirds and reducing maternal mortality by three-
6 quarters in developing countries, including by—

7 (A) identifying and evaluating programs
8 and interventions that directly or indirectly con-
9 tribute to the reduction of child and maternal
10 mortality rates;

11 (B) assessing effectiveness of programs,
12 interventions, and strategies toward achieving
13 the maximum reduction of child and maternal
14 mortality rates;

15 (C) assessing the level of coordination
16 among relevant departments and agencies of
17 the Government of the United States, the inter-
18 national community, international organiza-
19 tions, faith-based organizations, academic insti-
20 tutions, and the private sector;

21 (D) assessing the contributions made by
22 United States-funded programs toward achiev-
23 ing the Millennium Development Goals;

1 (E) identifying the bilateral efforts of other
2 nations and multilateral efforts toward achiev-
3 ing the Millennium Development Goals; and

4 (F) preparing the annual report required
5 by subsection (f).

6 (2) CONSULTATION.—To the maximum extent
7 practicable, the Task Force shall consult with indi-
8 viduals with expertise in the matters to be consid-
9 ered by the Task Force who are not officers or em-
10 ployees of the Government of the United States, in-
11 cluding representatives of United States-based non-
12 governmental organizations (including faith-based
13 organizations and private foundations), academic in-
14 stitutions, private corporations, the United Nations
15 Children’s Fund (UNICEF), and the World Bank.

16 (c) MEMBERSHIP.—

17 (1) NUMBER AND APPOINTMENT.—The Task
18 Force shall be composed of the following members:

19 (A) The Administrator of the United
20 States Agency for International Development.

21 (B) The Assistant Secretary of State for
22 Population, Refugees and Migration.

23 (C) The Coordinator of United States Gov-
24 ernment Activities to Combat HIV/AIDS Glob-
25 ally.

1 (D) The Director of the Office of Global
2 Health Affairs of the Department of Health
3 and Human Services.

4 (E) The Under Secretary for Food, Nutri-
5 tion and Consumer Services of the Department
6 of Agriculture.

7 (F) The Chief Executive Officer of the Mil-
8 lennium Challenge Corporation.

9 (G) The Director of the Peace Corps.

10 (H) Other officials of relevant departments
11 and agencies of the Federal Government who
12 shall be appointed by the President.

13 (2) CHAIRPERSON.—The Administrator of the
14 United States Agency for International Development
15 shall serve as chairperson of the Task Force.

16 (d) MEETINGS.—The Task Force shall meet on a reg-
17 ular basis, not less often than quarterly, on a schedule
18 to be agreed upon by the members of the Task Force, and
19 starting not later than 90 days after the date of the enact-
20 ment of this Act.

21 (e) DEFINITION.—In this subsection, the term “Mil-
22 lennium Development Goals” means the key development
23 objectives described in the United Nations Millennium
24 Declaration, as contained in United Nations General As-
25 sembly Resolution 55/2 (September 2000).

1 (f) REPORT.—Not later than 120 days after the date
2 of the enactment of this Act, and not later than April 30
3 of each year thereafter, the Task Force shall submit to
4 Congress and the President a report on the implementa-
5 tion of this section.

6 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

7 (a) IN GENERAL.—There are authorized to be appro-
8 priated to carry out this Act, and the amendments made
9 by this Act, \$660,000,000 for fiscal year 2007 and
10 \$1,200,000,000 for each of the fiscal years 2008 through
11 2011.

12 (b) AVAILABILITY OF FUNDS.—Amounts appro-
13 priated pursuant to the authorization of appropriations
14 under subsection (a) are authorized to remain available
15 until expended.

○